

## ENERGY ASSISTANCE PROGRAMS APPLICATION 2010–2011

The Ohio Department of Development (ODOD) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. With this form, you may apply for the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan (PIPP) and Home Weatherization Assistance Program (HWAP). For WCP and SCP, an appointment is required at a local provider agency.

### ELIGIBILITY

HEAP is a federally funded program designed to assist eligible low-income Ohioans with their winter heating bills. Households may be eligible for assistance from HEAP, WCP, SCP, or HWAP if the household income is at or below 200% of the federal poverty guidelines. Households may be eligible for assistance from PIPP if the household income is at or below 150% of the federal poverty guidelines. Once your application has been processed, you will receive a notification letter telling you whether or not you are eligible for bill payment assistance. If you are eligible, the amount of your benefit will depend on federal funding levels, how many people live with you, total household income, and the primary fuel you use to heat your home. In most cases, benefits will be a credit applied to your energy bill by your utility company. This is a one-time benefit. If you are eligible for weatherization services, your application will be obtainable by the agency providing services in your area. The types of assistance you receive will be based on your home's energy efficiency. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance.

Residents of any licensed medical facility (hospital, skilled nursing facility, or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes, or emergency shelters are ineligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen or bath are considered members of the same household and must apply on one application.

### PERCENTAGE OF INCOME PAYMENT PLAN (PIPP)

PIPP is a special payment plan that requires eligible customers to pay a portion of their household income each month to maintain utility service. PIPP protects customers from disconnection of service, as long as they follow the program's rules about monthly payments. All gas and electric companies regulated by the Public Utilities Commission of Ohio (PUCO) must offer this plan to their customers. PIPP is not available to customers of rural electric co-ops, municipal utilities, or users of delivered fuels. The utility bill must be in the name of the PIPP applicant.

PIPP enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, First Energy (Cleveland Illuminating Co., Ohio Edison, Toledo Edison), and Vectren.

### HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a federally-funded, low-income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall, and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric baseload measures that address lighting and appliance efficiency; and health and safety inspections and testing. Services are based on the structure and energy use of the home. HWAP is administered locally by community action, social service, and local government agencies.

### CONTACT INFORMATION

For questions regarding Energy Assistance Programs or to check the status of your HEAP application:

[energyhelp.ohio.gov](http://energyhelp.ohio.gov) or e-mail us at [energyhelp@development.ohio.gov](mailto:energyhelp@development.ohio.gov)  
1-800-282-0880 or 614-644-6600 for Franklin County residents.

For the hearing impaired only:

1-800-686-1557 or 614-752-8808 for Franklin County residents.

### INCOME DEFINITION

Household income is defined as the gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Heads of household and spouses may never be considered as minors. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, and any other indirect income such as utility allowances. Other exclusions may apply if documented.

**Please visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov) for a list of all included and excluded income.**



## 2010-2011 Income Guidelines

Size of Household	Total Gross Annual Household Income	
1	up to \$ 16,245	\$21,660
2	up to \$ 21,855	\$29,140
3	up to \$ 27,465	\$36,620
4	(150%) up to \$ 33,075	(200%) \$44,100
5	(For PIPP) up to \$ 38,685	(For HEAP and HWAP) \$51,580
6	up to \$ 44,295	\$59,060
7	up to \$ 49,905	\$66,540
8	up to \$ 55,515	\$74,020

For households with more than 8 members, add \$5,610 for 150% and \$7,480 for 200% per member.

### INSTRUCTIONS (PLEASE READ)

You must provide proof of income for everyone living in your household. Examples of documents that provide proof of income are: payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation, tax forms/schedule, etc. Please provide income documentation to support your response to question #4. If you are missing documentation for any income source or you list "0" income, please explain. If your response to question #6 is "No Income," a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please send copies, as originals will not be returned.

If anyone in your household is disabled, you may be eligible for a larger benefit. To be eligible for this benefit, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc. "Disabled" describes a person who has some impairment in body or mind that makes the person unfit to work at any substantial employment that the person would otherwise reasonably be able to perform and that will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons. Households which have a member who is age 60 or older will also be evaluated for an increased benefit.

Please provide Proof of Citizenship or Alien Status for all household members. **Proof of citizenship or alien status is required for the primary applicant.** If you are a United States citizen by birth, the verification you provide to show your age (birth certificate, baptismal record, U.S. passport) will also provide verification of your citizenship status. However, if those documents were not used for proof of age or if you were born outside of the United States, are a naturalized citizen or an alien, you will need to provide one of the following items: 1) Naturalization Papers/Certifications of citizenship (INS Form I-179, INS Form I-197), 2) Permanent Visa, 3) Birth Certificate/Hospital Birth Records, 4) Refugee Registration Cards, 5) U.S. Passport, 6) INS ID Card, 7) Baptismal Record (Only when place and date of birth is shown.), 8) Military Service Records, 9) Indian Census Records, 10) Voter Registration Cards, 11) Signed statement from a U.S. citizen which declares under penalties of perjury that individual in question is a U.S. citizen, 12) Alien Registration Cards/Re-entry permits, 13) INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993.), 14) INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act; or b) One or a combination of the following terms: Refugee, Parolee, or Asylee, 15) INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons, 16) Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act, 17) Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act, 18) INS Form I-688, or 19) Verified citizenship for OWF Program.

Copies of all heating and electric bills are required in order to process your application. If your main heating bill is not in an eligible household member's name, your benefit may be sent to your electric company.

### PRIVACY ACT NOTICE

**DISCLOSURE:** The disclosure of social security numbers is mandatory to receive HEAP benefits. **AUTHORITY:** 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i) **USE:** The state will use social security numbers in the administration of the HEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for needy families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

**PLEASE SIGN AND MAIL APPLICATION TO: OFFICE OF COMMUNITY SERVICES/HOME ENERGY ASSISTANCE PROGRAM  
P.O. BOX 1240, COLUMBUS, OHIO 43216**



For Office Use Only

**COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**  
**Please complete all items and questions and attach required proof.**  
**An incomplete application will delay assistance.**

For Office Use Only (Date)

**YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE****PRIMARY APPLICANT**

Client Number

<b>Please Print or Type</b>	First Name		M. I.	Last Name		Your Social Security Number				
	Current Mailing Address (no. and street, including route)						Apartment / Lot / Unit / Floor			
	City		State		Zip code		Ohio County			
	Daytime Telephone including Area Code ( )		Date of Birth Mo. Day Yr.		E-mail Address					
	Current Service Address (if different from above)						Apartment / Lot / Unit / Floor			
	City		State		Zip code		Ohio County			

- 1) Check the box that most closely describes the type of building you live in. (Check only one.)  
☐ Mobile Home    ☐ Single Family    ☐ Multi-family Low-rise (3 stories or less)    ☐ Multi-family High-rise (4 stories or more)
- 2)  Including yourself, how many people live in your household?  
 (Include all persons listed on question number 3.)
- 3) Including yourself, please list the names, relationships, social security number(s), date(s) of birth, and gross incomes of everyone living in your household. Please indicate if each household member is disabled and if they are a U.S. citizen by checking yes or no in the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (Attach proof of income, disability and citizenship/alien status-see "Instructions".) Use a separate sheet if necessary. Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application.

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 Mo.	Disabled?	U.S. Citizen?
	<b>Self</b>							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

4)  What was your total gross household income for the last 12 months?

5) ☐ yes ☐ no Do you receive Public Assistance?

Case Number

6) INCOME SOURCE (Check the Income Source(s) for Your Household)

**DOCUMENTATION MUST BE PROVIDED!**

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Wages               | <input type="checkbox"/> Pension               | <input type="checkbox"/> Social Security  | <input type="checkbox"/> Child Support | <input type="checkbox"/> Employment Disability |
| <input type="checkbox"/> Self Employment     | <input type="checkbox"/> VA Pension            | <input type="checkbox"/> SSDI   | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Interest              |
| <input type="checkbox"/> Unemployment        | <input type="checkbox"/> VA Disability         | <input type="checkbox"/> SSI  | <input type="checkbox"/> TANF          | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> No Income (Explain how you pay bills on a separate sheet.) |  |  |



7) Do you rent or own your home? ☐ Rent ☐ Own (Buying) skip to question 13.

8) Landlord's Name   
Address   
Telephone Number

9) ☐ yes ☐ no Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.

10) ☐ yes ☐ no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

11) ☐ yes ☐ no Has your household received weatherization services from any other program; (for example, a utility program)?  
If yes, which program?

12) ☐ yes ☐ no Would you like to apply for the Home Weatherization Assistance Program (HWAP)?

13) ☐ yes ☐ no I consent to the release of my name, phone number, and social security number to the local telephone company so that I may receive a possible reduced telephone rate through the Lifeline Program.

14) ☐ yes ☐ no I am enrolled in or eligible for Medicare. I consent to the release of my name, address, phone number, and social security number to my local Area Agency on Aging, or the Ohio State Health Insurance Information Program (OSHIIIP), or their designee, for help in applying for prescription drug assistance and other benefits.

15)  Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).

16) What is your **main** source of heat? (Check only one)

☐ Natural Gas ☐ Bottle Gas or Propane (L.P. Gas) ☐ Fuel oil or Kerosene ☐ Coal, Wood or Pellets ☐ Electric ☐ Other

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Include a copy of your most recent fuel or heating bill from your current address.**

**Main Heating Source** (Same source as Question 16.)

☐ yes ☐ no If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)  
☐ yes ☐ no If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?

Company/Vendor

Account #

17) ☐ yes ☐ no Are your heating costs included in your rent?

18) ☐ yes ☐ no Is the name on your heating bill different from the Applicant's name? If yes, give that name.

First:  Last:

19) ☐ yes ☐ no Do you share a main heating source meter with another household?

Complete the section below with your electric company name and account number. **Include a copy of your most recent electric bill from your current address.**

**Electric**

☐ yes ☐ no If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)  
☐ yes ☐ no If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?

Company/Vendor

Account #

20) ☐ yes ☐ no Is your electricity included in your rent?

21) ☐ yes ☐ no Is the name on your electric bill different from the Applicant's name? If yes, give that name.

First:  Last:

22) ☐ yes ☐ no Do you share an electric meter with another household?

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here

Application Date





FRANK G. JACKSON, MAYOR  
CITY OF CLEVELAND, DEPARTMENT OF PUBLIC UTILITIES

\_\_\_ 20 \_\_\_ HOMESTEAD WATER RATE APPLICATION (AGE 65 OR OVER)  
\_\_\_ 20 \_\_\_ DISABILITY WATER RATE APPLICATION (UNDER AGE 65)

PLEASE PROVIDE  
PROOF OF  
INCOME

APPLICANT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY AND ZIP CODE \_\_\_\_\_  
WATER ACCOUNT # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

PERMANENT PARCEL NO.

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FROM YOUR REAL ESTATE TAX BILL

PHONE NO. \_\_\_\_\_

Adjusted Gross Income, Old Age  
& Survivors Benefits, Social Security,  
other Retirement, Pension or Annuity,  
all interest and dividends from whatever  
source must be included in total income.

**INCOME: \$29,500 OR LESS**

APPLICANT'S  
SPOUSE'S  
TOTAL

20 \_\_\_ ANNUAL INCOME \$ \_\_\_\_\_  
20 \_\_\_ ANNUAL INCOME \$ \_\_\_\_\_  
20 \_\_\_ ANNUAL INCOME \$ \_\_\_\_\_

**PROPERTY MUST BE OWNER OCCUPIED. TYPE OF PROPERTY (PLEASE CHECK ONE):**

\_\_\_ SINGLE \_\_\_ DOUBLE \_\_\_ CONDOMINIUM \_\_\_ APARTMENT WITH # \_\_\_ SUITES

**LEGAL INTEREST IN PROPERTY (CHECK ONE):**

\_\_\_ DEED \_\_\_ LAND CONTRACT \_\_\_ PURCHASE AGREEMENT \_\_\_ OTHER  
(ATTACH PROOF)

I AUTHORIZE THE DIVISION OF WATER TO EXAMINE ANY FINANCIAL RECORDS THAT RELATE TO MY INCOME. I DECLARE UNDER PENALTIES OF PERJURY THAT THIS RETURN OF CLAIM (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENT(S)) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN AND REPORT.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PHYSICIAN'S STATEMENT - CERTIFICATE OF TOTAL DISABILITY IF UNDER 65 YEARS OF AGE**

" 'PERMANENTLY AND TOTALLY DISABLED' MEANS A PERSON WHO HAS, ON THE DATE OF APPLICATION, SOME IMPAIRMENT IN BODY OR MIND THAT MAKES ONE UNFIT TO WORK AT ANY SUBSTANTIALLY REMUNERATIVE EMPLOYMENT WHICH THE PERSON IS REASONABLE ABLE TO PERFORM AND WHICH WILL, WITH REASONABLE PROBABILITY, CONTINUE FOR AN INDEFINITE PERIOD OR AT LEAST TWELVE MONTHS WITHOUT ANY PRESENT INDICATION OF RECOVERY THEREFROM OR HAS BEEN CERTIFIED AS PERMANENTLY AND TOTALLY DISABLED BY A STATE OR FEDERAL AGENCY HAVING THE FUNCTION OF SO CLASSIFYING PERSONS." (R.C. 323.151)

I (WE) HEREBY CERTIFY THAT \_\_\_\_\_ WAS, AS OF JANUARY 1, \_\_\_\_\_ AND  
IS NOW TOTALLY AND PERMANENTLY DISABLED BY VIRTUE OF PHYSICAL DISABILITY \_\_\_\_\_ OR MENTAL DISABILITY \_\_\_\_\_.

DATE \_\_\_\_\_

PHYSICIAN/PSYCHOLOGIST SIGNATURE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

PRINT NAME OF PERSON SIGNING \_\_\_\_\_

ADDRESS - STREET NO. - CITY - ZIP CODE \_\_\_\_\_

APPROVAL CONTINGENT UPON DOCTOR'S COMPLETION OF THIS PORTION.  
PLEASE RETAIN YELLOW COPY FOR YOUR RECORDS.

DIVISION OF WATER  
HOMESTEAD UNIT  
P.O. BOX 94687  
CLEVELAND, OH 44101-4687

FOR ADDITIONAL INFORMATION:  
PHONE: (216) 664-3130  
(216) 664-2444 ext. 5304  
ext. 5302

IF YOU ARE CURRENTLY RECEIVING A SEWER BILL FROM THE NORTHEAST OHIO REGIONAL SEWER DISTRICT, THIS APPLICATION WILL QUALIFY YOU FOR THEIR HOMESTEAD RATE.

**CITY OF CLEVELAND MISSION STATEMENT**

We are committed to improving the quality of life in the City of Cleveland by strengthening our neighborhoods, delivering superior services, embracing the diversity of our citizens, and making Cleveland a desirable, safe city in which to live, work, raise a family, shop, study, play and grow old.